

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>11789</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <b>Brian E Earl</b>  P.O. Box, Bldg., Room No., if any <b>Ste. R 112</b>  Street <b>19309 W. Valley Hwy</b>  City <b>Kent</b>  State <b>Washington</b> ZIP Code + 4 <b>98032-2120</b>	4. Name, file number, and address of labor organization.  Name <b>Graphic Communications Union AFL-CIO, LU 767M</b>  Labor Organization File Number <b>516-763</b>  P.O. Box, Building and Room Number, if any <b>Ste. R 112</b>  Street <b>19309 W. Valley Hwy</b>  City <b>Kent</b>  State <b>Washington</b> ZIP Code + 4 <b>98032-2120</b>
5. Position in labor organization. <b>President</b>	

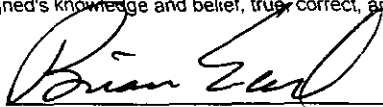
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/12/2005

Date

(425) 251-8585

Telephone Number

Name of Person Filing <b>Brian Earl</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Inter Local Pension Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>Ste. 100</b></p> <p>Street <b>455 Kehoe Blvd.</b></p> <p>City <b>Carrol Stream</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60188</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>participating local in benefit fund</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>\$1,000,000</b></p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>expense reimbursement as trustee</b></p>
	<p>12.b. Amount. <b>\$5,530</b></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Brian Earl

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PIMCO</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste. 300</p> <p>Street 840 Newport Center Dr.</p> <p>City Newport Beach</p> <p>State California ZIP Code + 4 92660</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Inter Local Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste. 100</p> <p>Street 455 Kehoe Blvd.</p> <p>City Carol Stream</p> <p>State Illinois ZIP Code + 4 60188</p>	<p>11.a. Nature of such dealing.</p> <p>investment manager</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>dinner at trusted meeting</p> <p>12.b. Amount. \$50</p>

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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Capital Guardian Trust Co.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste. 2544</p> <p>Street 21 S. Clark Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60657</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Inter Local Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste. 100</p> <p>Street 455 Kehoe Blvd</p> <p>City Carol Stream</p> <p>State Illinois ZIP Code + 4 60188</p>	<p>11.a. Nature of such dealing.</p> <p>investment manager</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>dinner at trustee meeting</p> <p>12.b. Amount. \$67</p>

Name of Person Filing Brian Earl	File Number U-
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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Delaware Investment Partners</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street One Commerce Square</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19103</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Inter Local Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste. 100</p> <p>Street 455 Kehoe Blvd.</p> <p>City Carol Stream</p> <p>State Illinois ZIP Code + 4 60188</p>	<p>11.a. Nature of such dealing.</p> <p>investment manager</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>dinner at trustee meeting</p> <p>12.b. Amount. \$50</p>

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## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Reams Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 227 Washington Street

City Columbus

State Ohio

ZIP Code + 4 47202-0666

## 9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Inter Local Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Ste. 100

Street 455 Kehoe Blvd.

City Carol Stream

State Illinois

ZIP Code + 4 60188

## 11.a. Nature of such dealing.

investment manager

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

dinner at trustee meeting

## 12.b. Amount.

\$95

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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Northern Quantitative Advisors</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 181 W. Madison</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60602</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Inter Local Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste 100</p> <p>Street 455 Kehoe Blvd.</p> <p>City Carol Stream</p> <p>State Illinois ZIP Code + 4 60188</p>	<p>11.a. Nature of such dealing.</p> <p>investment manager</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>dinner at trustee meeting</p> <hr/> <p>12.b. Amount. <span style="float: right;">\$67</span></p>

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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Chartwell Investment Partners</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste. 400</p> <p>Street 1235 Westlakes Dr.</p> <p>City Berwyn</p> <p>State Pennsylvania ZIP Code + 4 19312-2416</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Inter Local Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste. 100</p> <p>Street 455 Kehoe Blvd.</p> <p>City Carol Stream</p> <p>State Illinois ZIP Code + 4 60188</p>	<p>11.a. Nature of such dealing.</p> <p>investment manager</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>dinner at trustee meeting</p> <p>12.b. Amount. \$62</p>



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8. Name and address of Business (including trade name, if any).

Name Dearborn Partners/Oechsle International Adv.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Ste. 1950

Street 200 W. Madison

City Chicago

State Illinois ZIP Code + 4 60606

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Inter Local Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Ste. 100

Street 455 Kehoe Blvd.

City Carol Stream

State Illinois ZIP Code + 4 60188

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

dinner at trustee meeting

12.b. Amount.

unknown

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**Part B Continuation Page**

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<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name ABN AMRO Asset Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 171 N. Clark Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60602</p>	<p><b>9. Business deals with:</b></p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name Inter Local Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste. 100</p> <p>Street 455 Kehoe Blvd.</p> <p>City Carol Stream</p> <p>State Illinois ZIP Code + 4 60188</p>	<p><b>11.a. Nature of such dealing.</b></p> <p>investment manager</p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b></p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p> <p>dinner at trusted meeting</p> <hr/> <p><b>12.b. Amount.</b> <span style="float: right;">\$95</span></p>

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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name Favez, Sarofim &amp; Co.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste. 2907</p> <p>Street Two Houston Center</p> <p>City Houston</p> <p>State Texas ZIP Code + 4 77010</p>	<p><b>9. Business deals with:</b></p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name Inter Local Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste. 100</p> <p>Street 455 Kehoe Blvd.</p> <p>City Carol Stream</p> <p>State Illinois ZIP Code + 4 60188</p>	<p><b>11.a. Nature of such dealing.</b></p> <p>investment manager</p> <p><b>11.b. Approximate dollar value of such dealing.</b></p> <p><b>12.a. Nature of interest held or income received.</b></p> <p>dinner at trustee meeting</p> <p><b>12.b. Amount.</b> \$106</p>